

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
69/720259
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14	1		1	
15			1	
16			1	
17			1	
18			1	
19			1	
20			1	
21			1	
22			1	
23			1	
24			1	
25	2		1	
26				
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48				
49				
50				
TOTAL IND.	2		2	
TOTAL DEP.	24	↓	23	↓
TOTAL CLAIMS	26	↓	25	↓

IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					